

2009 Hendricks County 4-H Gypsy Cob Horse Award

NAME _____ COUNTY _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail address _____ Date of Birth _____

Years in 4-H _____ Years in 4-H Horse & Pony _____

Number of horses/ponies owned by family _____ Number leased by family _____

Number of 4-H Horse/Pony members in your family _____

I have reviewed this application and believe it to be true and correct.

Signature of 4-H member _____ Date _____

Signature of Parent/Guardian _____ Date _____

On a separate please answer each of the following questions in 100 words or less

1. What has being a 4-H member meant to you?
2. List the horse related activities in which you have participated.
3. Why would you like to win this Horse?
4. Describe the proper care, health and grooming procedures of an equine program and what this care will cost per month.
5. List the type of horse facilities to which you have access and what type of horse equipment you own.
6. List the names of knowledgeable people who can assist you in caring for and schooling the horse.
7. If you could pick one person who has influenced your involvement with horses, who would it be and why?

DEADLINE FOR SUBMISSION IS JUNE 30th!